## PART B - FEE(S) TRANSMITTAL

Gomplete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
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| appropriate. All further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                                           | ted below or directed of                                                                              | ng the Patent, advance of<br>herwise in Block 1, by (                                                                                                                                                                                                                                                                                                                                                                                            | orders and notification of many specifying a new corresponding to the co | aintenance fees woondence address;                                                                                                                                                                                                                                                                              | ill be maile<br>and/or (b)                                               | ed to the current<br>indicating a sepa                                                                     | correspondence address as rate "FEE ADDRESS" for                                                                                    |  |
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| CURRENT CORRESPOND                                                                                                                                                                                                                                                                                                                                                   | Fee(s                                                                                                 | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            |                                                                                                                                     |  |
| 24998<br>DICKSTEIN S<br>1825 EYE STR<br>Washington, DO                                                                                                                                                                                                                                                                                                               | SHAPIRO LLP<br>EET NW                                                                                 | 3/2008                                                                                                                                                                                                                                                                                                                                                                                                                                           | I her<br>State<br>addre<br>trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cert<br>eby certify that this<br>s Postal Service wi<br>essed to the Mail<br>mitted to the USPT                                                                                                                                                                                                                 | ificate of N<br>s Fee(s) Tr<br>ith sufficient<br>Stop ISSU<br>O (571) 27 | Mailing or Transmansmittal is being to postage for firs JE FEE address 3-2885, on the date                 | deposited with the United t class mail in an envelope above, or being facsimile te indicated below.                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            | (Depositor's name)                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            | (Signature)                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            | (Date)                                                                                                                              |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                      | FILING DATE                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 | ATTORNEY DOCKET NO.                                                      |                                                                                                            | CONFIRMATION NO.                                                                                                                    |  |
| 10/734,201<br>TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                     | 12/15/2003<br>N: METHOD OF IMPRO                                                                      | VING SURFACE PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                | Donald L. Yates<br>IARITY PRIOR TO MRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I BIT MATERIAL                                                                                                                                                                                                                                                                                                  |                                                                          | 489/P489-A<br>ON                                                                                           | 4789                                                                                                                                |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                          | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                    | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                | FEE TO                                                                   | TAL FEE(S) DUE                                                                                             | DATE DUE                                                                                                                            |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                       | NO                                                                                                    | \$1440                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                             | L                                                                        | \$1740                                                                                                     | 04/18/2008                                                                                                                          |  |
| EXAN                                                                                                                                                                                                                                                                                                                                                                 | 4INER                                                                                                 | ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            |                                                                                                                                     |  |
| TSAI, H JEY                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       | 2812                                                                                                                                                                                                                                                                                                                                                                                                                                             | 257-295000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            |                                                                                                                                     |  |
| <ul> <li>CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ul> |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | or agents OR, alternative<br>(2) the name of a single<br>registered attorney or ag<br>2 registered patent attorn<br>listed, no name will be p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dickstein Shapiro LLP of characterity of the names of up to 3 registered patent attorneys ragents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. |                                                                          |                                                                                                            |                                                                                                                                     |  |
| (A) NAME OF ASSI                                                                                                                                                                                                                                                                                                                                                     | GNEE<br>chnology, I                                                                                   | nc.                                                                                                                                                                                                                                                                                                                                                                                                                                              | data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY Boise, Idaherinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and STATE OR CO                                                                                                                                                                                                                                                                                                 | OUNTRY)                                                                  |                                                                                                            |                                                                                                                                     |  |
| 4a. The following fee(s)  A Issue Fee  Publication Fee (N                                                                                                                                                                                                                                                                                                            |                                                                                                       | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Repayment by credit card. Form PTO-2038 is attached.  Repayment by credit card. Form PTO-2038 is attached. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            |                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                      | s SMALL ENTITY state                                                                                  | is. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ b. Applicant is no long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                                            |                                                                                                                                     |  |
| interest as shown by the                                                                                                                                                                                                                                                                                                                                             | records of the United Sta                                                                             | tes Patent and Trademark                                                                                                                                                                                                                                                                                                                                                                                                                         | d from anyone other than the Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | c applicant, a regis                                                                                                                                                                                                                                                                                            | , and a                                                                  | cy or agent, or the                                                                                        | assignee or other party in                                                                                                          |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                 | J                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                            | 118/0                                                                    | 8                                                                                                          |                                                                                                                                     |  |
| Typed or printed nam                                                                                                                                                                                                                                                                                                                                                 | e Thomas                                                                                              | J. D'Amico                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No                                                                                                                                                                                                                                                                                                 | o. <u>28</u>                                                             | 3,371                                                                                                      |                                                                                                                                     |  |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                                                  | tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DC | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR                                                                                                                                                                                                                                                                                                                               | on is required to obtain or re<br>1.14. This collection is esting<br>depending upon the indivi-<br>tie Chief Information Officer<br>COMPLETED FORMS TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tain a benefit by th<br>mated to take 12 m<br>dual case. Any con<br>, U.S. Patent and T<br>THIS ADDRESS.                                                                                                                                                                                                        | e public whinutes to conments on rademark (SEND TO                       | nich is to file (and<br>complete, including<br>the amount of tim<br>Office, U.S. Depa<br>: Commissioner fo | by the USPTO to process), gathering, preparing, and the you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450, |  |

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